



TOWN OF LAUDERDALE-BY-THE-SEA
4501 N. OCEAN DRIVE, LAUDERDALE-BY-THE-SEA, FL 33308
954-640-4203

Business Tax Receipt Application

DATE: _____ BUSINESS TELEPHONE # _____

DATE BUSINESS WILL COMMENCE: _____ AREA OF BUSINESS IN SQ. FT. _____

BUSINESS NAME: _____

CORPORATE NAME: _____

BUSINESS ADDRESS: _____ ZIP CODE: _____

MAILING ADDRESS: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

EMERGENCY PHONE: _____ CONTACT PERSON: _____

NAME OF BUSINESS OWNER: _____ DATE OF BIRTH: _____

ADDRESS: _____

OWNER OFFICE PHONE: _____ OWNER CELL PHONE: _____

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER (Required by Town ordinance): _____

TYPE OF PRODUCTS/SERVICE/BUSINESS OFFERED (In sufficient detail to enable the Town to determine the proper license type):

MERCHANT RETAIL (average daily dollar value of inventory): _____ NUMBER OF EMPLOYEES: _____

RESTAURANT/BAR (seating capacity) INDOOR: _____ OUTDOOR: _____

TAKE OUT: _____ DELIVERY: _____ LIVE ENTERTAINMENT: _____ VIDEO GAMES#: _____

VENDING MACHINES#: _____ ATM: _____ OTHER: _____

STATE ALCOHOLIC BEVERAGE TYPE AND NUMBER: _____

RENTAL (Number of units): HOTEL ROOMS: _____ EFFICIENCIES: _____ APARTMENTS: _____ SINGLE FAMILY: _____

DOCKS: _____ TIMESHARES: _____ CONDOMINIUM: _____

TENANT NAME: _____ TELEPHONE: _____

I HEREBY DECLARE that all information provided in this application is true and correct and, further, I understand that providing false or misleading information on this application may result in the denial or revocation of any license or permit issued by the Town of Lauderdale- By-The-Sea which was based upon information provided in this application.

BUSINESS OWNER/APPLICANT SIGNATURE: _____

PRINT NAME: _____

THE ABOVE PERSON IS KNOWN PERSONALLY TO ME OR PRODUCED AS IDENTIFICATION _____

SWORN TO AND SUBSCRIBED before me

THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC